

CHALLENGES & ISSUES IN MEDICAL/HEALTH PROFESSIONAL EDUCATION

1. Changes/ Progress in world medicine:

- Scientific advances such as organ transplantation, genetic therapy and fertility manipulation.
- The need for sound ethical and advisory committees – monitors, advice and settle moral dilemmas.

2. Changes in world health profile:

- Increasing poverty
 - 1.3 billion extremely poor people (1995)
 - Doubled since 1975
- Increasing gap between the rich and poor (Martin, WHO 1995)
 - In 1960 – income of richest 20% is 30x greater than the poorest 20%
 - In 1992 – income of richest 20% is 60x greater than the poorest 20%
 - In 1975 – 27 countries categorized as least developed
 - In 1992 – 47 countries categorized as least developed

3. Emerging global health issues (WHO report, 2000)

- Increasing non communicable diseases due to continuing demographic transition
- Uncertainties regarding rate and extent of HIV and AIDS related death
- Increasing number of drug resistant disease strains
- Malnutrition and its related disorder
- Use of health damaging substances – tobacco and drugs
- Chronic disease of life style

4. Need for global response

- International health support agencies
- Greater role for World Health Organization
- Commitment of individual countries

- New educational and professional orientation for doctors and other health professional
 - Example:
 - Community-oriented medical and allied health profession
 - Fostering life long learning
 - Promoting health
 - Leadership development

5. Challenges for global health beyond the 20th century:

- New orientation linked to health needs generated by information and evidence based medical practice versus traditional medical dogma and mindsets

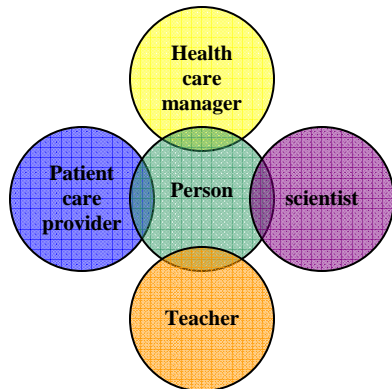
6. Challenges in medical education:

- Recognition treatment and prevention of new and emerging diseases
- Globalization of medicine (Pitt, 1983)
 - Medicine is international – the fight against disease and more important the securing of good health cannot be confined within national boundaries.
- Proactive versus reactive health care. From cure and care in the presence of ill health to promoting and maintaining good health
- A return to human values
- Leadership and partnership skills
- Corrective action – simple yet difficult
 - A change of our fundamental angle of vision
- Many of the most intractable problems that confront our world today are not technical or scientific, but social, ethical, behavioral or moral.
- It is the areas of human values and human behavior issues must be tackled
- The essential emphasis must be on education

7. Role of medical education

- Enhancing capability of tomorrow's doctors to adapt to continuing, rapid change in health systems
- Participating in the management of tomorrow's changing health issues

- Sir David Weatherall, 1994 stated that “have we, albeit unwittingly, evolved an educational system that from the very beginning is destined to leave many its product ill-equipped to deal with the multi faceted needs of people?”
- Professional role-oriented goals



- Competency
 - According to Miller’s pyramid of competency
 - Knows
 - Knows how
 - Shows how
 - Does
 - Should emphasize on new skills and professional behaviour too.
- Adapting to change and participating in change needs radically new educational approach
 - Maturation process (personal maturation alongside professional development)
 - Profession – specific capability plus with,
 - General applicable competencies:
 - Critical reasoning
 - Self directed learning
 - Life long learning
 - Collaboration in teams (teamwork)
 - Communicating including negotiating and counseling
 - Population health focus
- We should be able to train our students:

- To have the confidence to do things differently and the optimism that how they do can make a difference
- To have the courage and self assurance to resist distraction from medicine's highest ideas

8. Pressures and challenges on medical education school of medical science USM

- Changes in health care delivery
 - Telehealth
 - Medicine HMOs (health management organization)
- Changing societal expectations of doctors
 - Health vs. Disease
- Funding management and organization
 - Climate and environment
- Maintaining academic standards
 - Quality vs. Quantity of students
- Education for capability
 - Proactive and reactive
 - Leadership development
- Changes in educational strategies and approaches
 - New teaching technology
- New faculty – dental and health science
 - Multiprofessional?
 - Interprofessional?

9. Issues in health professional education

- The creative contributions of 30 years ago are beginning to be adapted and implemented, notably the problem-based curriculum (introduced at McMaster in 1968) and the use of standardized patients particularly for assessment (introduced at University of Southern California in 1964)
- The classic lag between introduction of any educational innovation and its adoption by faculty

- The resistance to new approaches and reluctant to implementation that one find in higher education
- Physician and other health-care personnel are constantly sensitive to and receptive of new discoveries in their own field
- There is a tacit assumption that being an expert and scholar in one's own field makes one a competent teacher
- Indeed, there is questions as to whether expertness in one's own field even makes a good lecturer in that field, let alone a teacher
- Reward system of faculty promotions and tenure